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## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

hereby appoint:  Practitioners associated with the Customer Number:  Name  Registration Number  Name  Registration Number  Name  Registration Number  Number  Registration Number  Number  Name  Registration Number  Number  Registration Number  Name  Registration Number  Number  Name  Registration Number  Number  Name  Registration Number  Registration Number  Registration Number  Name  Registration Number  Registration Number Registration Registra	I hereby re 37 CFR 3.7	voke all previous powers of a	ttorney given i	n the applicat	ion identified in	the attached state	ement under	
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name								
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name	Practitioners associated with the Customer Number:			81848				
Name Registration Number Registration Rumber Registration Rumber Registration Rumber Registration Rumber Rumbe	-		L,					
Number  Number	Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):							
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents obtatched to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  81848  City  Country  Telephone  Email  Assignee Name and Address:  High Point Pharmaceuticals, LLC 4170 Mendenhall Oaks Pkwy.  High Point, NC 27265  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,		Name			Na	me		
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The address associated with Customer Number:    State   Zip	as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).							
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and must identify the application in which this Power of Attorney is to be filed.								
SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee								
Signature and Chowalles Date 7-13-09	Signature Une Chowaller Date 7-13-						9	
Name Anne Showalter Telephone 336-841-0300	Name	100000					<del></del>	
Title Senior Vice President of Legal Affairs								

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.